

New Jersey Department of Human Services  
Division of Aging Services  
Provider Application Section III: Services

**CHORE SERVICES**

*Read carefully the description of services and requirements.  
If you do not qualify, please do not apply.*

**Definition:**

Services needed to maintain the home in a clean, sanitary and safe environment. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress. These services will be provided only in cases where neither the individual, nor anyone else in the household, is able of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service.

Chores are non-continuous, non-routine household maintenance tasks intended to increase the safety of the individual.

**Services Include:**

- Cleaning appliances
- Cleaning and securing rugs and carpets
- Washing wall, windows, and scrubbing floors
- Cleaning attics and basements to remove fire and health hazards
- Clearing walkways of ice, snow, leaves
- Trimming overhanging tree branches
- Replacing fuses, light bulbs, electric plugs, frayed cords
- Replacing door locks, window catches
- Replacing faucet washers
- Installing safety equipment
- Seasonal changes of screens and storm windows
- Weather stripping around doors
- Caulking windows

**Billing Codes:**

<u>JACC</u>	<u>Service/Unit</u>	<u>Rates Per Unit</u>
J9838	1 Job	Usual and Customary Charge

## CHORE SERVICES PROVIDER QUALIFICATIONS

The applicant must submit evidence that it meets **all** items within the following section(s).

Please check off **ONE** section in which you are applying  
Section 1

### Section 1

- 1.a  Business entity with evidence of authority to conduct such business in NJ, i.e. NJ Tax Certificate, Trade Name Registration and/or Ownership proof
- 1.b  Any license required by law to engage in the service, provide equipment, etc.
- 1.c  Business product/service literature
- 1.d  Evidence of Liability Insurance and Worker's Compensation Coverage
- 1.e  Fee Schedule

**Check all evidence submitted with application.  
Incomplete applications and / or applications submitted without required  
documentation and evidence will be returned.**

### **CERTIFICATION**

FOR THE PURPOSE OF ESTABLISHING ELIGIBILITY TO RECEIVE DIRECT PAYMENT FOR SERVICES TO RECIPIENTS UNDER THE NEW JERSEY JACC PROGRAM, I CERTIFY THAT THE INFORMATION FURNISHED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT IF ANY OF THE STATEMENTS MADE BY ME IN THIS APPLICATION ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT, INCLUDING BUT NOT LIMITED TO DISQUALIFICATION FROM THE NEW JERSEY JACC PROGRAM. I AGREE TO NOTIFY THE NEW JERSEY DEPARTMENT OF HUMAN SERVICES, DIVISION OF AGING SERVICES OF ANY CHANGES IN THE INFORMATION CONTAINED IN THIS APPLICATION.

Name and Title of Applicant

Representative \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_